

Emissions Reduction Incentive Grant Supplemental Activity Application Form Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

TCEQ-10430d

Version 17.01



Applications will be considered void if language is altered.

The completed form should be attached to the Project Application Form TCEQ-10430.

This application form is only valid for the application period ending January 10, 2017, or subsequent end date if the application period is extended.

Application Deadline:

ERIG applications will be accepted until 5 p.m. Central Time on January 10, 2017, unless extended to a later date by the TCEQ.

Texas Commission on Environmental Quality
Air Quality Division
Implementation Grants Section (ERIG), MC-204
P.O. Box 13087
Austin, TX 78711-3087



<http://www.terpgrants.org>

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Form 1 - General Information

Attach this form to the Project Application Form TCEQ-10430

1. Emission source

Mark with an X below the retrofits/add-on devices emissions source for this application. (Only one source allowed.)

On-Road Heavy Duty Vehicles: ☐
Non-Road Heavy Duty Equipment: ☐
Marine Vessels: ☐
Locomotives: ☐
Stationary Equipment: ☐

2. Has the purchase already been completed? (Mark the appropriate box with an X.)

| | | | |
|--|--------------------------|-----|--------------------------|
| Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
| Date of purchase: | <input type="text"/> | | |
| Expected # of months to complete the purchase: | <input type="text"/> | | |

3. Has this activity been included in a previous application to TCEQ? (Mark the appropriate box with an X.)

| | | | |
|--|--------------------------|-----|--------------------------|
| Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
| If the box above was marked yes, then please explain and include the date: | <input type="text"/> | | |

4. Certification of Ownership

With the exception of retrofit projects involving dual-fuel technology, by signing the application Signature Page, the applicant certifies that the applicant is the current owner of the vehicle/equipment on which the retrofit/add-on technology will be installed. For retrofit projects involving dual-fuel technology, the applicant must own the vehicle/equipment at the time the request for reimbursement is submitted to the TCEQ.

Locomotive Only

5. What will be the primary use of the locomotive? (Mark the appropriate box with an X. Refer to the instructions in the RFGA for details on the options.)

| | | | |
|-------------------------------|--------------------------|--|--------------------------|
| Switchyard, Short Haul, etc.: | <input type="checkbox"/> | Industrial Rail – Limited use by an industrial or commercial entity. (see instructions in the RFGA for detailed definition): | <input type="checkbox"/> |
|-------------------------------|--------------------------|--|--------------------------|

6. Does the old locomotive/engine have a start stop device? (Mark the appropriate box with an X.)

| | | | |
|------|--------------------------|-----|--------------------------|
| Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
|------|--------------------------|-----|--------------------------|

7. The new locomotive will be what type? (Mark the appropriate box with an X.)

| | | | |
|----------------|--------------------------|------------------------------|--------------------------|
| Genset/Hybrid: | <input type="checkbox"/> | Regular One Engine Switcher: | <input type="checkbox"/> |
|----------------|--------------------------|------------------------------|--------------------------|

8. Briefly explain the use of the locomotive below to verify the category marked in Item 5. above.

| |
|----------------------|
| <input type="text"/> |
|----------------------|

Non-Road Heavy-Duty Equipment Used for Natural Gas Recovery Only

9. Is the non-road equipment used for natural gas recovery purposes? (Mark the appropriate box with an X.)

Note: Non-Road equipment used for natural gas recovery purposes, attach the Supplemental 2: Non-Road Heavy-Duty Equipment Used for Gas Recovery Purposes.

| | | | |
|------|--------------------------|-----|--------------------------|
| Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
|------|--------------------------|-----|--------------------------|

Is the applicant requesting an exemption to operate the equipment used for natural gas recovery purposes less than 75% of the annual use in the areas designated in the application.? (Mark the appropriate box with an X.)

| | | | |
|------|--------------------------|-----|--------------------------|
| Yes: | <input type="checkbox"/> | No: | <input type="checkbox"/> |
|------|--------------------------|-----|--------------------------|

Note: If the applicant is exempt from using the equipment less than 75% of the annual use in the designated areas, the applicant must agree to install a GPS tracking device through a designated TGMS Contractor to track and report usage and location of the use of the non-road equipment. Refer to section 2.7(c) of the RFGA for an explanation of the percent of use commitment.

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Vehicle/Equipment Information

Form 2.1

| Description | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | |
|---|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Vehicle/Equipment Description: | | | | | | | | | | |
| Vehicle/Equipment Make: | | | | | | | | | | |
| Vehicle/Equipment Model or Model Number: | | | | | | | | | | |
| Vehicle/Equipment Year: | | | | | | | | | | |
| Vehicle/Equipment Identification Number: | | | | | | | | | | |
| Gross Vehicle Weight Rating: (On-Road only) | | | | | | | | | | |
| Engine Make: | | | | | | | | | | |
| Engine Model/Number: or Engine Model Code: | | | | | | | | | | |
| Engine Identification Number: | | | | | | | | | | |
| Engine Year: | | | | | | | | | | |
| Engine Horsepower: (Brake Horsepower) | | | | | | | | | | |
| Engine Horsepower: (Kilowatt) Non-Road only | | | | | | | | | | |
| Fuel Type: | | | | | | | | | | |
| Engine Family Code: (12-digit emissions code) | | | | | | | | | | |
| Certified NOx Emissions: (g/bhp-hr) | | | | | | | | | | |

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment
Vehicle/Equipment Information
Form 2.2

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Vehicle/Equipment Description: | | | | | |
| Vehicle/Equipment Make: | | | | | |
| Vehicle/Equipment Model or Model Number: | | | | | |
| Vehicle/Equipment Year: | | | | | |
| Vehicle/Equipment Identification Number: | | | | | |
| Gross Vehicle Weight Rating: (On-Road only) | | | | | |
| Engine Make: | | | | | |
| Engine Model/Number: or Engine Model Code: | | | | | |
| Engine Identification Number: | | | | | |
| Engine Year: | | | | | |
| Engine Horsepower: (Brake Horsepower) | | | | | |
| Engine Horsepower: (Kilowatt) Non-Road only | | | | | |
| Fuel Type: | | | | | |
| Engine Family Code: (12-digit emissions code) | | | | | |
| Certified NOx Emissions: (g/bhp-hr) | | | | | |

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment
Vehicle/Equipment Information
Form 2.3

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Vehicle/Equipment Description: | | | | | |
| Vehicle/Equipment Make: | | | | | |
| Vehicle/Equipment Model or Model Number: | | | | | |
| Vehicle/Equipment Year: | | | | | |
| Vehicle/Equipment Identification Number: | | | | | |
| Gross Vehicle Weight Rating: (On-Road only) | | | | | |
| Engine Make: | | | | | |
| Engine Model/Number: or Engine Model Code: | | | | | |
| Engine Identification Number: | | | | | |
| Engine Year: | | | | | |
| Engine Horsepower: (Brake Horsepower) | | | | | |
| Engine Horsepower: (Kilowatt) Non-Road only | | | | | |
| Fuel Type: | | | | | |
| Engine Family Code: (12-digit emissions code) | | | | | |
| Certified NOx Emissions: (g/bhp-hr) | | | | | |

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment
Vehicle/Equipment Information
Form 2.4

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Vehicle/Equipment Description: | | | | | |
| Vehicle/Equipment Make: | | | | | |
| Vehicle/Equipment Model or Model Number: | | | | | |
| Vehicle/Equipment Year: | | | | | |
| Vehicle/Equipment Identification Number: | | | | | |
| Gross Vehicle Weight Rating: (On-Road only) | | | | | |
| Engine Make: | | | | | |
| Engine Model/Number: or Engine Model Code: | | | | | |
| Engine Identification Number: | | | | | |
| Engine Year: | | | | | |
| Engine Horsepower: (Brake Horsepower) | | | | | |
| Engine Horsepower: (Kilowatt) Non-Road only | | | | | |
| Fuel Type: | | | | | |
| Engine Family Code: (12-digit emissions code) | | | | | |
| Certified NOx Emissions: (g/bhp-hr) | | | | | |

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Retrofit/Add-On Technology Information

Form 3

1. Are you using the same Retrofit/Add-On Technology for all the activities? (Mark the appropriate box with an X.)

Note - For approved dual-fuel conversion systems, only one type of system may be included in an application.

| | | | |
|------|--|-----|--|
| Yes: | | No: | |
|------|--|-----|--|

If No, duplicate this form for each activity that has a different type of Retrofit/Add-On Technology. List which activities below that are using the different types of Retrofit/Add-On Technology.

| |
|--|
| |
|--|

2. Describe Below the Retrofit/Add-On Technology:

| |
|--|
| |
|--|

3. Manufacturer:

4. Kit or Model Number, or Other Identifying Information:

5. Is this a dual-fuel conversion system to convert to operate on diesel and natural gas? (If yes, mark with an X)

Enter the tracking number assigned by the TCEQ in its letter to the manufacturer accepting the dual-fuel conversion system:

6. Will the engine(s) be rebuilt in conjunction with the retrofit and add-on? (Mark the appropriate box with an X.)

| | | | |
|------|--|-----|--|
| Yes: | | No: | |
|------|--|-----|--|

7. Fuel type after retrofit (If dual-fuel or multi-fuel, list each type):

8. Emissions reduction: (Provide one of the following below.)

Verified percentage reduction in NOx emissions (%):
(For dual-fuel conversion systems, list the % reduction factor assigned by the TCEQ in its acceptance letter to the manufacturer.)

Verified NOx emissions after the retrofit or add-on (g/bhp-hr):

9. Certification/verification of the retrofit or add-on technology? (Mark the appropriate box with an X.)

| | | | |
|--|--|----------------------------------|--|
| EPA certification/verification: | | CARB certification/verification: | |
| TCEQ acceptance letter (dual-fuel conversion systems): | | | |

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Retrofit/Add-On Technology Financial Data

Form 4.1

1. Incremental Cost / Cost to Applicant Calculation

(Refer to section 2.2 of the RFGA for explanations of incremental cost and global positioning system under Eligible Cost)

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|--|------------------|------------------|------------------|------------------|------------------|
| Capital Cost - Retrofit System (A): | | | | | |
| Capital Cost - Additional Equipment (B): | | | | | |
| Capital Cost - Installation (C): | | | | | |
| Capital Cost - Misc. Supplies (D): | | | | | |
| Global Positioning System (E): | | | | | |
| Other Financial Incentives and Tax Credits (F): | | | | | |
| Incremental Cost / Cost to Applicant (G): (A + B + C + D + E - F = G) | | | | | |

2. Maximum Grant Amount Calculation

(Refer to RFGA for explanation of maximum grant amount calculation, Section 2.2, Maximum Eligible Grant Amount)

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Incremental Cost / Cost to Applicant (G): | | | | | |
| Enter the maximum % (H): | 100% | 100% | 100% | 100% | 100% |
| Maximum Eligible Grant Amount (I): (G x H = I) | | | | | |
| Grant Amount Requested for This Activity: | | | | | |

3. Other Financial Incentives and Tax Credits

| | |
|---|--|
| Explain any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants, or any other public financial assistance. This does not include the amount you finance through a bank or other third-party to purchase the equipment. | |
|---|--|

4. Procurement Process

| | |
|--|--|
| Explain the process used (or to be used) to select the installer and the retrofit system. One (1) bid or quote is required to be attached to this grant application. | |
|--|--|

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Retrofit/Add-On Technology Financial Data

Form 4.2

1. Incremental Cost / Cost to Applicant Calculation

(Refer to section 2.2 of the RFGA for explanations of incremental cost and global positioning system under Eligible Cost)

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|--|------------------|------------------|------------------|------------------|------------------|
| Capital Cost - Retrofit System (A): | | | | | |
| Capital Cost - Additional Equipment (B): | | | | | |
| Capital Cost - Installation (C): | | | | | |
| Capital Cost - Misc. Supplies (D): | | | | | |
| Global Positioning System (E): | | | | | |
| Other Financial Incentives and Tax Credits (F): | | | | | |
| Incremental Cost / Cost to Applicant (G): (A + B + C + D + E - F = G) | | | | | |

2. Maximum Grant Amount Calculation

(Refer to RFGA for explanation of maximum grant amount calculation, Section 2.2, Maximum Eligible Grant Amount)

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Incremental Cost / Cost to Applicant (G): | | | | | |
| Enter the maximum % (H): | 100% | 100% | 100% | 100% | 100% |
| Maximum Eligible Grant Amount (I): (G x H = I) | | | | | |
| Grant Amount Requested for This Activity: | | | | | |

3. Other Financial Incentives and Tax Credits

| | |
|---|--|
| Explain any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants, or any other public financial assistance. This does not include the amount you finance through a bank or other third-party to purchase the equipment. | |
|---|--|

4. Procurement Process

| | |
|--|--|
| Explain the process used (or to be used) to select the installer and the retrofit system. One (1) bid or quote is required to be attached to this grant application. | |
|--|--|

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Retrofit/Add-On Technology Financial Data

Form 4.3

1. Incremental Cost / Cost to Applicant Calculation

(Refer to section 2.2 of the RFGA for explanations of incremental cost and global positioning system under Eligible Cost)

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|--|------------------|------------------|------------------|------------------|------------------|
| Capital Cost - Retrofit System (A): | | | | | |
| Capital Cost - Additional Equipment (B): | | | | | |
| Capital Cost - Installation (C): | | | | | |
| Capital Cost - Misc. Supplies (D): | | | | | |
| Global Positioning System (E): | | | | | |
| Other Financial Incentives and Tax Credits (F): | | | | | |
| Incremental Cost / Cost to Applicant (G): (A + B + C + D + E - F = G) | | | | | |

2. Maximum Grant Amount Calculation

(Refer to RFGA for explanation of maximum grant amount calculation, Section 2.2, Maximum Eligible Grant Amount)

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Incremental Cost / Cost to Applicant (G): | | | | | |
| Enter the maximum % (H): | 100% | 100% | 100% | 100% | 100% |
| Maximum Eligible Grant Amount (I): (G x H = I) | | | | | |
| Grant Amount Requested for This Activity: | | | | | |

3. Other Financial Incentives and Tax Credits

| | |
|---|--|
| Explain any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants, or any other public financial assistance. This does not include the amount you finance through a bank or other third-party to purchase the equipment. | |
|---|--|

4. Procurement Process

| | |
|--|--|
| Explain the process used (or to be used) to select the installer and the retrofit system. One (1) bid or quote is required to be attached to this grant application. | |
|--|--|

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Retrofit/Add-On Technology Financial Data

Form 4.4

1. Incremental Cost / Cost to Applicant Calculation

(Refer to section 2.2 of the RFGA for explanations of incremental cost and global positioning system under Eligible Cost)

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|--|------------------|------------------|------------------|------------------|------------------|
| Capital Cost - Retrofit System (A): | | | | | |
| Capital Cost - Additional Equipment (B): | | | | | |
| Capital Cost - Installation (C): | | | | | |
| Capital Cost - Misc. Supplies (D): | | | | | |
| Global Positioning System (E): | | | | | |
| Other Financial Incentives and Tax Credits (F): | | | | | |
| Incremental Cost / Cost to Applicant (G): (A + B + C + D + E - F = G) | | | | | |

2. Maximum Grant Amount Calculation

(Refer to RFGA for explanation of maximum grant amount calculation, Section 2.2, Maximum Eligible Grant Amount)

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|---|------------------|------------------|------------------|------------------|------------------|
| Incremental Cost / Cost to Applicant (G): | | | | | |
| Enter the maximum % (H): | 100% | 100% | 100% | 100% | 100% |
| Maximum Eligible Grant Amount (I): (G x H = I) | | | | | |
| Grant Amount Requested for This Activity: | | | | | |

3. Other Financial Incentives and Tax Credits

| | |
|---|--|
| Explain any other financial assistance to be used for the purchase or lease, such as tax credits or deductions, other grants, or any other public financial assistance. This does not include the amount you finance through a bank or other third-party to purchase the equipment. | |
|---|--|

4. Procurement Process

| | |
|--|--|
| Explain the process used (or to be used) to select the installer and the retrofit system. One (1) bid or quote is required to be attached to this grant application. | |
|--|--|

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Vehicle/Equipment Information

Form 5.1

Activity Life and Area

| Description | Activity Number: | Activity Number: | Activity Number: | Activity Number: | Activity Number: |
|--|------------------|------------------|------------------|------------------|------------------|
| Designated Activity Life: | | | | | |
| % of Annual Usage Austin Area: (Bastrop, Caldwell, Hays, Travis, and Williamson Counties) | | | | | |
| % of Annual Usage Beaumont-Port Arthur Area: (Hardin, Jefferson, and Orange Counties) | | | | | |
| % of Annual Usage Corpus Christi Area: (Nueces and San Patricio Counties) | | | | | |
| % of Annual Usage Dallas-Fort Worth Area: (Collin, Dallas, Denton, Ellis, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, and Wise Counties) | | | | | |
| % of Annual Usage El Paso Area: (El Paso County) | | | | | |
| % of Annual Usage Houston-Galveston-Brazoria Area: (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller Counties) | | | | | |
| % of Annual Usage San Antonio Area: (Bexar, Comal, Guadalupe, and Wilson Counties) | | | | | |
| % of Annual Usage Tyler-Longview Area: (Gregg, Harrison, Rusk, Smith, and Upshur Counties) | | | | | |
| % of Annual Usage • Victoria Area: (Victoria County) | | | | | |
| % of Annual Usage Spent on Designated Highways and Roadways: (On-Road Only) | | | | | |

On-Road Vehicle Travel Description: Please describe your typical route, including the following: a) Daily, weekly or monthly trips; b) Cities traveled between; and c) Highways traveled.

Non-Road Equipment Use Description: Job site location.

This information must match the percentage and areas marked on Form 5.1

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Vehicle/Equipment Information

Form 5.2

Activity Life and Area

| Description | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | |
|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Designated Activity Life: | | | | | | | | | | |
| % of Annual Usage Austin Area: (Bastrop, Caldwell, Hays, Travis, and Williamson Counties) | | | | | | | | | | |
| % of Annual Usage Beaumont-Port Arthur Area: (Hardin, Jefferson, and Orange Counties) | | | | | | | | | | |
| % of Annual Usage Corpus Christi Area: (Nueces and San Patricio Counties) | | | | | | | | | | |
| % of Annual Usage Dallas-Fort Worth Area: (Collin, Dallas, Denton, Ellis, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, and Wise Counties) | | | | | | | | | | |
| % of Annual Usage El Paso Area: (El Paso County) | | | | | | | | | | |
| % of Annual Usage Houston-Galveston-Brazoria Area: (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller Counties) | | | | | | | | | | |
| % of Annual Usage San Antonio Area: (Bexar, Comal, Guadalupe, and Wilson Counties) | | | | | | | | | | |
| % of Annual Usage Tyler-Longview Area: (Gregg, Harrison, Rusk, Smith, and Upshur Counties) | | | | | | | | | | |
| % of Annual Usage • Victoria Area: (Victoria County) | | | | | | | | | | |
| % of Annual Usage Spent on Designated Highways and Roadways: (On-Road Only) | | | | | | | | | | |

On-Road Vehicle Travel Description: Please describe your typical route, including the following: a) Daily, weekly or monthly trips; b) Cities traveled between; and c) Highways traveled.

Non-Road Equipment Use Description: Job site location.

This information must match the percentage and areas marked on Form 5.1

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Vehicle/Equipment Information

Form 5.3

Activity Life and Area

| Description | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | |
|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Designated Activity Life: | | | | | | | | | | |
| % of Annual Usage Austin Area: (Bastrop, Caldwell, Hays, Travis, and Williamson Counties) | | | | | | | | | | |
| % of Annual Usage Beaumont-Port Arthur Area: (Hardin, Jefferson, and Orange Counties) | | | | | | | | | | |
| % of Annual Usage Corpus Christi Area: (Nueces and San Patricio Counties) | | | | | | | | | | |
| % of Annual Usage Dallas-Fort Worth Area: (Collin, Dallas, Denton, Ellis, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, and Wise Counties) | | | | | | | | | | |
| % of Annual Usage El Paso Area: (El Paso County) | | | | | | | | | | |
| % of Annual Usage Houston-Galveston-Brazoria Area: (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller Counties) | | | | | | | | | | |
| % of Annual Usage San Antonio Area: (Bexar, Comal, Guadalupe, and Wilson Counties) | | | | | | | | | | |
| % of Annual Usage Tyler-Longview Area: (Gregg, Harrison, Rusk, Smith, and Upshur Counties) | | | | | | | | | | |
| % of Annual Usage • Victoria Area: (Victoria County) | | | | | | | | | | |
| % of Annual Usage Spent on Designated Highways and Roadways: (On-Road Only) | | | | | | | | | | |

On-Road Vehicle Travel Description: Please describe your typical route, including the following: a) Daily, weekly or monthly trips; b) Cities traveled between; and c) Highways traveled.

Non-Road Equipment Use Description: Job site location.

This information must match the percentage and areas marked on Form 5.1

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Vehicle/Equipment Information

Form 5.4

Activity Life and Area

| Description | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | |
|--|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Designated Activity Life: | | | | | | | | | | |
| % of Annual Usage Austin Area: (Bastrop, Caldwell, Hays, Travis, and Williamson Counties) | | | | | | | | | | |
| % of Annual Usage Beaumont-Port Arthur Area: (Hardin, Jefferson, and Orange Counties) | | | | | | | | | | |
| % of Annual Usage Corpus Christi Area: (Nueces and San Patricio Counties) | | | | | | | | | | |
| % of Annual Usage Dallas-Fort Worth Area: (Collin, Dallas, Denton, Ellis, Henderson, Hood, Hunt, Johnson, Kaufman, Parker, Rockwall, Tarrant, and Wise Counties) | | | | | | | | | | |
| % of Annual Usage El Paso Area: (El Paso County) | | | | | | | | | | |
| % of Annual Usage Houston-Galveston-Brazoria Area: (Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller Counties) | | | | | | | | | | |
| % of Annual Usage San Antonio Area: (Bexar, Comal, Guadalupe, and Wilson Counties) | | | | | | | | | | |
| % of Annual Usage Tyler-Longview Area: (Gregg, Harrison, Rusk, Smith, and Upshur Counties) | | | | | | | | | | |
| % of Annual Usage • Victoria Area: (Victoria County) | | | | | | | | | | |
| % of Annual Usage Spent on Designated Highways and Roadways: (On-Road Only) | | | | | | | | | | |

On-Road Vehicle Travel Description: Please describe your typical route, including the following: a) Daily, weekly or monthly trips; b) Cities traveled between; and c) Highways traveled.

Non-Road Equipment Use Description: Job site location.

This information must match the percentage and areas marked on Form 5.1

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

Vehicle/Equipment Information

Form 6

Usage

1. Usage Commitment Option - List either Option 1 or Option 2 as described in section 2.8 of the RFGA:
(By selecting Option 2, the applicant may be required to install GPS on the Vehicle/Equipment unless this requirement is waived by the TCEQ)

2. If the TCEQ does not waive the GPS requirements, would the applicant like to use the Option 1 defaults?
(Mark the box to the right Yes or No)

3. Is the annual usage listed below in miles, gallons, or hours?

List the annual usage for each activity

If you chose Option 1 above, enter the default usage value for the specific vehicle/equipment in the space below (See Appendix C in the RFGA for default usage values for Option 1).

| | | | | | | | | | | |
|---------------|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Description | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | |
| Annual Usage: | | | | | | | | | | |

List the annual usage for each activity

| | | | | | | | | | | |
|---------------|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Description | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | |
| Annual Usage: | | | | | | | | | | |

List the annual usage for each activity

| | | | | | | | | | | |
|---------------|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Description | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | |
| Annual Usage: | | | | | | | | | | |

List the annual usage for each activity

| | | | | | | | | | | |
|---------------|------------------|--|------------------|--|------------------|--|------------------|--|------------------|--|
| Description | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | | Activity Number: | |
| Annual Usage: | | | | | | | | | | |

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment
Vehicle/Equipment Information
Form 7

Option 2 Usage Rates Justification

Explain below in detail how you arrived at the proposed usage rate. Include the previous performance of the vehicle/equipment. **In addition to the explanation below, you must provide documentation** as outlined in section 2.8 of the RFGA used to justify the usage for the Option 2.

Note: If you have chosen option 1 (default values) for your usage commitment, you do not need to complete this form.

Explanation:

Retrofit/Add-On Technology of Heavy Duty Vehicles and Equipment

This page should be used as a checklist before grant application submission.

Below is a list of all the pages that require a signature. ALL forms must include original signatures in all signature blocks and should be signed in BLUE ink. No photocopies, faxes, scanned copies, or other copies of required signatures will be accepted. If a signature page is missing or has been altered, the application will not be considered.

SIGNATURE PAGES

Signature Page (Authorized Official); Certification of Eligibility to Receive a State-Funded Grant (Authorized Official); W-9 Form (Authorized Official)

The following documentation, if applicable, is required with the application

- 1.** Supplemental Form 1: Stationary Equipment (if applicable)
- 2.** Supplemental Form 2: Non-Road Heavy-Duty Equipment Used for Gas Recovery Purposes (if applicable)
- 3.** Waiver Request (if applicable)
- 4.** W-9 Form (Request for Taxpayer Identification Number and Certification Form)
- 5.** Photocopy of state or federal issued identification card (if applicant is an individual or sole proprietor)
- 6.** If the retrofit/add-on kit has not yet been purchased, submit one (1) written bid/quote for the purchase. If the final quote has not yet been obtained, provide any preliminary quotes or other information to verify the estimated cost of the retrofit or add-on.
- 7.** If the retrofit or add-on kit or technology has already been purchased, provide the invoice showing the price paid.
- 8.** Attach the EPA or CARB certification/verification form for the retrofit or add-on technology (if available). For a Dual-Fuel Conversion System, attach the letter from TCEQ listing the accepted % emissions reduction factor for the technology (if applicable).
- 9.** A copy of the applicant's current vehicle registration renewal receipt to verify the registration information, ownership, and vehicle weight category.